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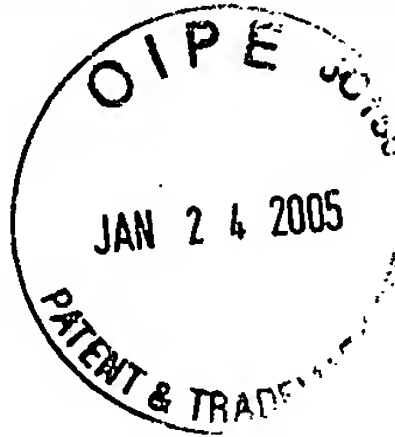
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EVELYN M. SOMMER
250 PARK AVE
RM 825
NEW YORK, NY 10221

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EVELYN M. SOMMER	(Depositor's name)
<i>Evelyn M. Sommer</i>	(Signature)
<i>Jan 19, 2005</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/086,186	02/26/2002	Mario Galasso	SOM-GAL-P1	8209

TITLE OF INVENTION: SUSPENSION ASSEMBLY FOR A VEHICLE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$0	\$685	01/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOEHLER, ANNE MARIE M	3611	280-279000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **EVELYN M. SOMMER**
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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☐ Publication Fee (No small entity discount permitted)
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☒ A check in the amount of the fee(s) is enclosed.
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Authorized Signature *Evelyn M. Sommer*

Date *1/19/05*

Typed or printed name **EVELYN M. SOMMER**

Registration No. **19603**

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